



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

FAIR

**LICENSE APPLICATION FOR AGRICULTURAL FAIRS TO OPERATE
BINGO, RAFFLES, AND/OR AMUSEMENT GAMES**

(For Agricultural Fairs Authorized Under Chapter 15.76 or 36.37 RCW ONLY)

This Application Packet (GC4-015) Contains the Following Items:

- *Fair Board Members* (GC4-015a);
- *Gaming Associated Interests* (GC4-015b);
- Copies of WACs 230-02, 04, 08 and RCW 9.46.0321 pertaining to bingo games; and
- *Fee Schedule – Bona Fide Charitable / Nonprofit Organization* (GC5-055 FS).

LICENSE APPLIED FOR: [See Fee Schedule]

<input type="checkbox"/> Bingo	Class: _____	Fee: \$ _____
<input type="checkbox"/> Raffle(s)	Class: _____	Fee: \$ _____
<input type="checkbox"/> Amusement Game(s)	Class: _____	Fee: \$ _____

1. **Agricultural Fair Name:** _____

Mailing Address: _____

City State Zip County

2. **Fair Manager:** _____

Phone Numbers: Home: (_____) _____ - _____ Cell: (_____) _____ - _____

Email Address (if applicable): _____

3. **Fair Operating Dates and Hours:** Date (mm/dd/yy): From: _____ / _____ / _____ To: _____ / _____ / _____

Hours: From: _____ To: _____

4. **Fair Board Officers:**

On the attached *Fair Board Members* (GC4-015a) form, provide the requested information on the elected fair board president, treasurer, and chairman of the board.

5. **Premises Information:** Location: ☐ Inside ☐ Outside City Limits

6. **Premises Use / Rental Terms:** _____

7. **Premises Address:** _____

City State Zip County

Phone Numbers: General Office: (_____) _____ - _____ Event Location: (_____) _____ - _____

8. **Activity Manager Information:**

Provide all information required regarding the person primarily managing the activity.

a. Bingo Manager Name: _____

Address: _____

City State Zip County

Social Security No.: _____ Date of Birth: _____

Estimated Gross Receipts: \$ _____ Phone Number: (_____) _____ - _____

b. Raffle Manager Name: _____

Address: _____

City State Zip County

Social Security No.: _____ Date of Birth: _____

Estimated Gross Receipts: \$ _____ Phone Number: (_____) _____ - _____

c. Amusement Games Manager Name: _____

Address: _____

City State Zip County

Social Security No.: _____ Date of Birth: _____

Estimated Gross Receipts: \$ _____ Phone Number: (_____) _____ - _____

9. With the BINGO activity, are ALL persons, including employees, volunteers, or members, working solely for the licensee?

☐ Yes

☐ No – Identify and submit a *Permit Application for Nonprofit Organizations to Conduct Bingo at Agricultural Fairs Only* (GC4-010]

Name of Organization / Individual(s): _____

Address: _____ Phone No.: (_____) _____ - _____

City State Zip County

10. List applicants gambling receipts and net income from last year's fair activities.

Include receipts from all permit holders.

	<u>Gross Receipts</u>	<u>Net Receipts</u>
a. Bingo	\$ _____	\$ _____
b. Raffle(s)	\$ _____	\$ _____
c. Amusement Game(s)	\$ _____	\$ _____

11. Does any other person, association, corporation, partnership or organization have any interest in the gambling equipment, premises, or building to be used by the applicant to conduct the gambling activity?

☐ No

☐ Yes

If Yes, on the attached *Gaming Associated Interests* (GC4-015b) form, provide the requested information regarding these associated parties.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the unlikely event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of my initial application or revocation of any gambling license(s) currently held.** I agree to notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate and / or if any criminal or civil actions be filed against me during the application or licensure period. I understand that if I fail to make such notification that failure may constitute grounds for denial, suspension or revocation of my application or license(s). I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus the Commission's processing and investigative costs, will be refunded. See WACs 230-04-022, 230-12-305, and 230-12-310.

Name: _____

Title: _____ Date: _____
Chief Executive Officer